

# State of New Hampshire



RICHARD M. FLYNN  
COMMISSIONER OF SAFETY

DEPARTMENT OF SAFETY  
DIVISION OF MOTOR VEHICLES  
JAMES H. HAYES SAFETY BUILDING  
10 HAZEN DRIVE, CONCORD, N.H. 03305  
TDD Access: Relay NH 1-800-735-2964

VIRGINIA C. BEECHER  
DIRECTOR OF MOTOR VEHICLES

## Commercial Motor Vehicle Driver's School License Applications

Please type the following:

### Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Legal address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Cell telephone # \_\_\_\_\_

### Commercial School Information

School Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Legal address: \_\_\_\_\_

Classroom location: \_\_\_\_\_

School telephone #: \_\_\_\_\_

Is this business a sole-proprietorship, corporation or a partnership? \_\_\_\_\_

Is this school being conducted/contracted with any other business  
(ie. Contracted with a high school? Yes No (circle one)

If yes, please indicate the nature of the business: \_\_\_\_\_

Contracts

If this school contracts with public or private school(s),  
please complete the following section:

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

***If you have not provided our office with your contract with these schools, please do so at this time. Failure to provide this information, may result in a delay of reimbursement funds.***

**Contracts**

If this school contracts with public or private school(s),  
please complete the following section:

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

School name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone # : \_\_\_\_\_

***If you have not provided our office with your contract with these schools, please do so at this time. Failure to provide this information, may result in a delay of reimbursement funds.***

### Vehicles

All vehicles listed must be in full compliance with the rules listed under SAF-C  
3114 – Equipment – Driver Education Vehicles

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ License plate #: \_\_\_\_\_

Partners and/or corporate officers information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone#: \_\_\_\_\_ Position: \_\_\_\_\_

**Instructor information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Legal address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Legal address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Legal address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Legal address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Has applicant, partner, and/or corporate officer ever been convicted of any crime? Yes No (circle one)

If yes, please indicate – who, list the conviction date and explain the nature of each offense: \_\_\_\_\_

Are you, the partners, corporate officers and/or employees, thoroughly familiar with RSA 263 and the NH code of Administrative Rules Chapter Saf-C 3100, Driver Education rules? Yes No (circle one)

Has the applicant, any partner or corporate officer previously applied or been licensed to operate a drivers' school in this state or any other state? Yes No

If yes, please provide the name of the states: \_\_\_\_\_

I, the undersigned, hereby certify that all information contained in this application is true. I further certify that all vehicles used in the instruction of drivers education meet all requirements under Saf-C 3114.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
date

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

Pursuant to Saf-C 3122.06 attach to this application a criminal record for all owners and instructors associated with this school.

Original application fee \$200.00

Renewal application fee \$100.00

Make check payable to: **State of New Hampshire – DMV**

**Do not mail cash**

Motor vehicle drivers' school licenses expire December 31.

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Supervisor of Driver Education

Comments: \_\_\_\_\_